Please fax completed form to Erin Guerke at 302-677-7031.

Sick\Vacation Deferral Form State of Delaware 457(b) Plan



Notice to employee:					
• If you are not currently enrolled in the Deferred Compensation Plan, contact Fidelity Investments at 1-800-343-0860 or					
 http://www.fidelity.com/atwork to enroll before your retirement date. The Delaware State Treasury must receive this signed form no later than the end of the month prior to the month you will 					
receive your payout check (the check that includes your accumulated sick and vacation pay).					
Last Name (Please Print)		First Name M	1.I.	DOB	
Home Address - Street				Employee ID#	
City / Town	State	Zip		Home Phone:	
Agency or School District Name of Payroll Representative Phone				Phone	
Date of Retirement		Date of Payout (Check:		
or Separation:		•			
Sick Leave Payout:		Vacation Leave I	Payout		
Additional Salary:		Total Gros	sc Pav-		
Additional Salary.		Total Gros	ss I ay.		
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Please specify your deduction amount. For 2012, the maximum amount for the calendar year is \$17,000. In addition, if you are at least 50 years of age by the end of 2012, you can defer an additional \$5,500. If you are at least within 3 years of the age you will be					
able to retire from the Delaware Public Employees' Retirement System and receive an unreduced retirement benefit, you may be					
eligible to defer up to \$34,000 in 2012. Please call Erin Guerke at 302/672-6705 to determine eligibility and answer questions.					
Please note that amounts deferred are before state and federal taxes but not before social security taxes.					
Deduction Amount:\$					
Signature of Employee:		Date:			

Please verify your payout information with your Payroll Representative, sign and date the form and fax it to the attention of: Erin Guerke, Office of the State Treasurer, 302-677-7031.